	Change in Company's premium or rate	e level produced by rate revision effective	April 1, 2010
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	46,822	+0.3%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
na	iming only apply to certain territory (te	intolics) of certain classes: If so, specify.	
			·
Brief	description of filing. (If filing follows	rates of an advisory organization, specify of	organization):
		for which we offer Liquor Liability. In add	
		ontractually obligated to use our reinsurer's	
-			

* Adjusted to reflect all prior rate changes.

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JAN 1 5 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

All America Insurance Company
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

^{**} Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto	46,822	+1.3%
Burglary and Theft		
Glass		
Fidelity		
Surety	***************************************	
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa Classes? If so, specify:	in territory (territories) o	r certain
Brief description of filing. (If f	iling follows rates of an	
Organization, specify	imig ronowo ratoo or arr t	2411001
organization):	Adopting ISO's 04/2010 I	SO's loss costs and revising comp
multipliers effective May 1, 2010.		
*Adjusted to reflect all prior ra **Change in Company's prem	•	ult from application of ne
• • •		
rates.	All America Insura	ance Company

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010 (3) (2) (1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage **Automobile Liability Private** Passenger Commercial Automobile Physical Damage 2. **Private Passenger Commercial** 3. 320,248 -8.9% Liability Other Than Auto 4. **Burglary and Theft** Glass 5. 6. **Fidelity** 7. Surety **Boiler and Machinery** 8. 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Implementing Insurance Services Office GL-2009-BGL1 (State Loss Costs). *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

American Casualty Company Name of Company Robert Anderson, Actuarial Consulting Director

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto	\$212,012	-5.3%
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa	ain territory (territories) oi	r certain
Classes? If so,		
specify: NO		
	Clina fallonia anton affina	
Brief description of filing. (If	filing follows rates of an a	advisory
Organization, specify	ISO Inc. t and Cont Bouisian	n adoption with company LCM/ELR chang
organization):	ISO, Inc. Loss Cost Revision	n adoption with company LCM/ELR chang
Information from company Page 14.		······································

Amerisure Insurance Company

Name of Company
Karin M. Tremain - Senior Analyst & Compliance Consultant

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto	\$1,091,848	-4.1%
Burglary and Theft	and the second s	
Glass	***************************************	
Fidelity	**************************************	
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		**************************************
Commercial Multi-Peril		
Crop Hail		
Other	and the second s	
Life of Insurance		
2 0		
Does filing only apply to cert	ain territory (territories) or	certain
Classes? If so,		
specify: NO		
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify		
organization):	ISO, Inc. Loss Cost Revision	adoption with company LCM/ELR cha
Information from company Page 14.		
*Adjusted to reflect all prior re		

Amerisure Mutual Insurance Company

Name of Company Karin M. Tremain - Senior Analyst & Compliance Consultant

SUMMARY SHEET

(Change in Company's premium or rate	e level produced by rate revision effective	April 1, 2010
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	348,376	+0.3%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only onnly to certain territory (te	erritories) or certain classes? If so, specify:	
na	ining only appry to certain territory (te	intolics) of certain classes: 11 so, specify.	
-			
Brief c	description of filing. (If filing follows	rates of an advisory organization, specify of	organization):
		for which we offer Liquor Liability. In add	
		ontractually obligated to use our reinsurer's	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

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JAN 1 5 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Central Mutual Insurance Company
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

FORM (RF-3)

SUMMARY SHEET

(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability	Private		-
Passenger			
Commercial			
Automobile Physics	al Damag	***************************************	
Private Passenger			
Commercial			
Liability Other Than	n Auto	348,376	+1.3%
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machine	ry		
Fire	•	·	
Extended Coverage	9		
Inland Marine			
Homeowners			
Commercial Multi-F	Peril		
Crop Hail			
Other			
Life of Insu	rance		
Does filing only ap Classes? If so, specify:	ply to certa	ain territory (territories) c	r certain
specify.			
•		filing follows rates of an	advisory
Organization, spec	ify		1001s fore each and the first
organization):		Adopting ISO's 04/2010	ISO's loss costs and revising com
multipliers effective May	I, 2010.		
*Adjusted to reflec			
			ult from application of ne

Mrs. Louise Wittler, Rates & Forms Specialist

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2010 (3) (2) (1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial -3.4% 1,026,366 3. Liability Other Than Auto **Burglary and Theft** 4. Glass 5. **Fidelity** 6. 7. Surety 8. **Boiler and Machinery** Fire 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Implementing Insurance Services Office GL-2009-BGL1 (State Loss Costs).

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Continental Casualty Company

Name of Company

Robert Anderson, Actuarial Consulting Director

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010 (3) (2) (1)

	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial _		
3.	Liability Other Than Auto	1,460,219	-7.0%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Brie	ef description of filing. (If filing follows ra	rritories) or certain classes? If so, specify: tes of an advisory organization, specify orga	anization):
Impl	ementing Insurance Services Office GL-2009-BGL	.1 (State Loss Costs).	
	justed to reflect all prior rate changes. hange in Company's premium level whi	ch will result from application of new rates.	
		Continental Insurance Compan	v
			ne of Company
		Robert Anderson, Actuarial Cor	nsulting Director
	,		Official Title

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto	\$1,648,440	+5.9%
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire	<u> </u>	
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to cer Classes? If so,	tain territory (territories) o	r certain
•	sses, all territories (including Fire	/EMS-Pak Program)
Brief description of filing. (I	f filing follows rates of an	advisory
Organization, specify	Adeat ISO Illinois Long C	
organization):		Cost revisions and increased limit
factor revisions; revise Company loss	cost multipliers	
*Adjusted to reflect all prior	rate changes	· · · · · · · · · · · · · · · · · · ·
*Adjusted to reflect all prior **Change in Company's pre		ult from application of ne
rates.	Continental West	ern Insurance Company
		ame of Company
•		- Sr. Research/Statistical Anal
	reresa winelano -	Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Surety Burglary and Machinery Fire Burglary and Machinery Fire Burglary and Machinery Fire Burglary and Machinery Fire Burglary and Machinery Burglary and Theft Burglary and	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Lextended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes ief description of filling. (If filling follows rates of an advisory organic	(3) m Percent <u>)* Change (+ or</u>
Automobile Physical Damage Private Passenger Commercial B. Liability Other Than Auto Burglary and Theft Glass Fidelity Surety B. Boiler and Machinery Fire D. Extended Coverage I. Inland Marine I. Homeowners I. Homeowners I. Commercial Multi-Peril I. Crop Hail I. Crop Hail I. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filling. (If filling follows rates of an advisory organization, specify organization):	Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes ief description of filling. (If filling follows rates of an advisory organic roduction of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No	Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes ief description of filling. (If filling follows rates of an advisory organic roduction of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
3. Liability Other Than Auto 450,000 0% 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other	Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes ief description of filling. (If filling follows rates of an advisory organic roduction of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
Burglary and Theft Glass Fidelity Surety Boller and Machinery Fire Commercial Multi-Peril Corp Hail Corp Hail Corp Hail Corp Siling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes ief description of filling. (If filling follows rates of an advisory organic roduction of new coverages for the management liability insureds djusted to reflect all prior rate changes.	0%_
Glass Fidelity Surety Boiler and Machinery Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No	Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes ief description of filling. (If filling follows rates of an advisory organic production of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
Surety Booler and Machinery Extended Coverage Inland Marine Commercial Multi-Peril Crop Hail Cother Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No	Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail United of Insurance Line of Insurance Des filling only apply to certain territory (territories) or certain classes ief description of filling. (If filling follows rates of an advisory organic production of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
Boiler and Machinery Eire Description of filing. (If filing follows rates of an advisory organization, specify organization):	Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Unit of Insurance Des filing only apply to certain territory (territories) or certain classes ief description of filing. (If filing follows rates of an advisory organic production of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Dine of Insurance Des filing only apply to certain territory (territories) or certain classes ief description of filing. (If filing follows rates of an advisory organic production of new coverages for the management liability insureds dijusted to reflect all prior rate changes.	
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Inland Marine Inland Marine Homeowners Commercial Multi-Peril Crop Hail Inland Marine Line of Insurance Des filing only apply to certain territory (territories) or certain classes ief description of filing. (If filing follows rates of an advisory organic production of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Inland Marine Homeowners Commercial Multi-Peril Crop Hail Unit of Insurance Des filing only apply to certain territory (territories) or certain classes ief description of filing. (If filing follows rates of an advisory organized action of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes ief description of filing. (If filing follows rates of an advisory organic production of new coverages for the management liability insureds dijusted to reflect all prior rate changes.	
3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Commercial Multi-Peril Crop Hail Dine of Insurance Line of Insurance Des filing only apply to certain territory (territories) or certain classes Dief description of filing. (If filing follows rates of an advisory organic roduction of new coverages for the management liability insureds Diegital Commercial Multi-Peril Diegital Commercial Multi-Per	
4. Crop Hail 5. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Crop Hail Dine of Insurance Line of Insurance Des filing only apply to certain territory (territories) or certain classes Dief description of filing. (If filing follows rates of an advisory organic roduction of new coverages for the management liability insureds Diegotype of the management liability insureds Diegotype of the management liability insureds	
5. Other	Line of Insurance Des filing only apply to certain territory (territories) or certain classes ief description of filing. (If filing follows rates of an advisory organic production of new coverages for the management liability insureds dijusted to reflect all prior rate changes.	
Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Line of Insurance pes filing only apply to certain territory (territories) or certain classes ief description of filing. (If filing follows rates of an advisory organic troduction of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
oes filing only apply to certain territory (territories) or certain classes? If so, specify: No	pes filing only apply to certain territory (territories) or certain classicief description of filing. (If filing follows rates of an advisory organitroduction of new coverages for the management liability insureds djusted to reflect all prior rate changes.	
troduction of new coverages for the management liability insureds	djusted to reflect all prior rate changes.	zation, specify organization):
	djusted to reflect all prior rate changes. Change in Company's premium level which will result from applica	
Darwin National Assurance Company Name of Company		Mark Asun Chief aar

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level pro-	roduced by rate revision effective	06/01/10
	and the second s	
(1)	(2)	
	Annual Premium	Percent
Coverage	Volume (Illinois)*	
Coverage	<u>volume (imnois)</u>	Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		to the second se
Private Passenger Commercial		
3. Liability Other Than Auto	1,696,900	-0.6%
4. Burglary and Theft		
5. Glass	And the second s	·
6. Fidelity		
7. Surety		V Francisco Carlo de
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		a and the second
11, Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other	· ************************************	
Line of Insurance		
Does filing only apply to certain territory (territor	ies) or certain classes? If so specify:	
No	in the second se	
		and the second second
Brief description of filing, (If filing, follows rates,	of an advisory organization, specify org	anization):
BCL Rate Revision Commercia	1 um brella	The Arman State of the State of
	*	
*Adjusted to reflect all prior rate changes.		
*Change in Company's premium level which wi	Il result from application of new rates.	
	Erie Insurance	Exchange
	Name of Co	
	111	
	Kosi tortuella	
The state of the s	Ross C. Fonticella	ACAS MAAA
	Vice President a	nd Manager
	Ross C. Fonticella, Vice President a	ACAS, MAAA

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial _		
 Automobile Physical Damage Private Passenger Commercial 		
-	1,100,325	21.60%
. Burglary and Theft		
5. Glass		
6. Fidelity		
′. Surety		
B. Boiler and Machinery		
). Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other		
Line of Insurance		
Does filing only apply to certain territory (te	tes of an advisory organization, specify org	No ganization): We are filing to adop
urrent ISO loss costs and increased limitis factors a	nd we are revising our existing deviations from 150	
Adjusted to reflect all prior rate changes. *Change in Company's premium level whi	ch will result from application of new rates	
-	FCCI Insurance Company	
		Name of Company
	Sherry E. Smith, Sr. Regula	atory Compliance Specialist
		Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

Change in Company's premium	or rate lev	vel produced l	by rate revision
effective 04-01-10	•		

-	(1)	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
۱.	Passenger		
	Commercial		
2	Automobile Physical Damag		
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	\$15,727	-4% (- \$ 629)
4.	Burglary and Theft	Ψ10,727	478 (* ψ 023)
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
3. 10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
10.	Life of Insurance		
	Life of modratice		
•	Does filing only apply to certain Classes? If so,	in territory (territories) or	certain
	specify: No		
	Brief description of filing. (If fi Organization, specify	ling follows rates of an ac	dvisory
	organization):	ISO GL LC adoption	

	*Adjusted to reflect all prior ra **Change in Company's prem		t from application of new
	rates.		
		Gateway Insuran	
			ne of Company
			Compliance Specialist
			Official – Title

	Change in Company's revision effective	s premium or rate level produced by rate 1/11/2010	
	(1)	(2) Annual Premium	(3) Percent
	Coverage		ge (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Da Private Passenger Commercial	mage	
3.	Liability Other Than A	uto 3,662,907	0.3%
	Burglary and Theft		
	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
	Fire	<u> </u>	
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail Other		
тэ.	Line of Insura	ance	··· · · · · · · · · · · · · · · · · ·
	s filing only apply to so, specify: GL class	certain territory (territories)or certain 99310	n classes?
	ef description of filination and anization, specify organization	ng. (If filing follows rates of an advisor anization): We are filing to add a Produ Operations rate to the new S (99310) class. The proposed rate is \$15.00 basis, to take effect on Jan	cts/Completed now Removal with a payroll
**	Adjusted to reflect all Change in Company's pre result from application	emium level which will n of new rates.	
		Grinnell Mutual Reinsurance Com Name of Company	iharri
		Name of Company	
	_	Eric Skouson - Assistant Actuar	У
		Official - Title	

(Change in Company's premium or rate	level produced by rate revision effective	9/1/2010
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
1.	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		-
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$266,243	+0.5%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
		rates of an advisory organization, specif	y organization):
Adop	otion of ISO Loss Cost Revision GL-2	009-BGL1	
** C	djusted to reflect all prior rate changes hange in Company's premium level wisult from application of new rates.		
			kel American Insurance
		Con	npany
			Name of Company
			dre I. Balbuena, Product & Regulatory Services
		-	Official - Title

(Change in Company's premium or ra	te level produced by rate revision effecti	ve 9/1/10
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$1,365,264	+0.5%
1.	Burglary and Theft		
5.	Glass		
5.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
).	Fire		
).	Extended Coverage		
	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
١.	Crop Hail		
5.	Other Line of Insurance		
es f	iling only apply to certain territory (t	erritories) or certain classes? If so, spec	ify:
	lescription of filing. (If filing followation of ISO Loss Cost Revision GL	s rates of an advisory organization, spec- -2009-BGL1	ify organization):
	· · · · · · · · · · · · · · · · · · ·		
Cl	djusted to reflect all prior rate change nange in Company's premium level v sult from application of new rates.		
).	arkel Insurance Company
			Name of Company
			rame of company
		De	eidre I. Balbuena,
			P Product & Regulatory Services
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
^	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	163,997	16.9%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
10.	Line of Insurance		
	Ento of Modratios		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	No
	to ming only apply to contain terminal,		
		rates of an advisory organization, specify orga	nization): We are filing to adopt
curre	ent ISO loss costs and increased limitis factors	s and we are revising our existing deviations from ISO	
		•	
	ljusted to reflect all prior rate changes		
**C	hange in Company's premium level w	hich will result from application of new rates.	
		N 0t. l	· · · · · · · · · · · · · · · · · · ·
		Monroe Guaranty Insurance C	me of Company
		Na	ше от сопрану
		Sherry E. Smith, Sr. Regulato	ry Compliance Specialist
			Official – Title
		•	

FORM (RF-3)

Change in Company's premium or	rate level produced by rate revision
effective 05/01/2010	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag		
-	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	72,935 estimated	-4.0 estimated
4.	Burglary and Theft	72,000 00.1110.00	4.0 00111111101
5.	Glass		
6. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		-
11.	Inland Marine		**************************************
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
٠	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,		
	specify: N/A		
	Brief description of filing. (If for Organization, specify organization): costs contained in reference filing reference.	Adoption of ISO revised	dvisory
	*Adjusted to reflect all prior ra **Change in Company's premates.	——————————————————————————————————————	from application of new
		National American	Insurance Company
		Nan	ne of Company
		Jennifer Carr, Rate	and Form Analyst
		C	Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2010 (3) (2) (1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private **Passenger Commercial** 2. Automobile Physical Damage **Private Passenger Commercial** -7.1% Liability Other Than Auto 6,458,480 3. 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Implementing Insurance Services Office GL-2009-BGL1 (State Loss Costs). *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. National Fire Insurance Company Name of Company

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commerce	sial	
Liability Other Than Auto	1,743,750	22.2%
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Doos filing only apply to cortain territe	ory (territories) or certain classes? If so, specify:	No
Does ming only apply to certain territor	ory (territories) or certain classes? If so, specify.	NO
, - , -	ows rates of an advisory organization, specify org	anization): We are filing to adopt
current ISO loss costs and increased limitis fa	ctors and we are revising our existing deviations from ISO	

*Adjusted to reflect all prior rate char		
"Change in Company's premium lev	el which will result from application of new rates.	
	National Trust Insurance Co	mpany
		ame of Company
	Sherry E. Smith, Sr. Regulat	
		Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2-15-10 New & 4-15-10 Renewal

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private	·	
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$22,714,300	+4.9%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	,	
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	5 60		
	Does filing only apply to certa	ain territory (territories) or	сепаіл
	Classes? If so,		
	specify: No No		
	Brief description of filing. (If t	Filing follows rates of an a	dvicon
	Organization, specify	ming ionows rates or all a	id visor y
	organization):	ISO Increased Limits Fac	tor Revision
	organization).	100 moreadou Emilio i do	CO TOTAL
	*Adjusted to reflect all prior ra	ate changes.	
	**Change in Company's pren		It from application of new
	rates.		
		PEKIN INSI	JRANCE COMPANY
		Na	me of Company

Edward A. Mulvey, Vice President of Underwriting Official - Title

FORM (RF-3)

Change in C	Company's premi	um or rate lev	el produced by rate r	evision
effective	02/01/2010			

	-		
(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
Coverage 1. Automobile Liability Private Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			•
3. Liability Other Than Auto4. Burglary and Theft5. Glass	\$ 1,010,430	14.6%	•
6. Fidelity 7. Surety			
8. Boiler and Machinery9. Fire		R	CEIVED
10. Extended Coverage11. Inland Marine			•
12. Homeowners			JAN 0 6 2010
13. Commercial Multi-Peril14. Crop Hail			
15. Other		DEP	STATE OF ILLINOIS ARTMENT OF INSURANCE ARTMENT OF INSURANCE SPRINGFIELD
Does filing only apply to certain Classes? If so, specify: No	n territory (territories) or certain		
Brief description of filing. (If filing) Organization, specify organization) Professionals	Direct is filing for an overa	all rate change of +14.	.6%. This includes
base rate, increased limit factor * Adjusted to reflect all prior ra		See attached actuarial m	nemo.
**Change in Company's premi rates.		application of new	
	Professionals Direct In <u>sur</u>	ance Company lame of Company	
	Melissa Glavin-Guillott	e Compliance and Regul	atory Analyst
		Offical - Title	

(Change in Company's premium or rate	level produced by rate revision effective	06/01/2010
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
•	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	10,070,888	1.4%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (te	rritories) or certain classes? If so, specify:	
No.			
110.			
Brief o	description of filing. (If filing follows	rates of an advisory organization, specify of	organization):
	se see explanatory memo. Chan		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of South Carolina (SICSC) Name of Company

LIBIN GUO – Actuarial Analyst Official - Title

H29219D

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
2		4 474 407	8.5%
3. 4.	Liability Other Than Auto Burglary and Theft	1,174,497	0.570
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	filing only apply to certain territory (territories) or certain classes? If so, specify:	
No.			
Brief	description of filing. (If filing folloy	ys rates of an advisory organization, specify	organization):
Pleas	se see explanatory memo.	Manging LCM's	
	<u> </u>		

** Change in Company's premium level which will result from application of new rates.

> Selective Insurance Company of the Southeast (SICSE)

Name of Company

LIBIN GUO - Actuarial Analyst Official - Title

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2010 (3) (2) (1) **Percent Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage **Automobile Liability Private** Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial -4.00% 3. Liability Other Than Auto 1,221,200 4. **Burglary and Theft** Glass 5. 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, we are adopting Loss Costs for all General Liability territories. This applies to Riverport Insurance Company. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the ISO General Liability Loss Cost revision GL-2009-BGL1 effective April 1, 2010. Our percentage of change number is based on

the overall impact of the ISO rate level change.

Riverport Insurance Company Name of Company Terri Zachman, Product Development Analyst

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Change in Company's premium revision effective 02/15/2	n or rate level produced 010	by rate				
(1)	(2)	(3)				
(1)	Annual Premium	Percent				
Coverage	Volume (Illinois)*	Change (+ or -)**				
1. Automobile Liability Private Passenger Commercial						
2. Automobile Physical Damage Private Passenger Commercial						
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass	\$5,694,550	-0.4%				
6. Fidelity						
7. Surety	RECE	IVED				
8. Boiler and Machinery		12 Comp.				
9. Fire						
10. Extended Coverage						
11. Inland Marine	JAN 1, 5	2010				
12. Homeowners						
13. Commercial Multi-Peril	STATE OF IL	LINOIS				
14. Crop Hail						
15. Other Line of Insurance	SPRINGFI					
Does filing only apply to certain territory (territories)or certain classes? If so, specify: Biotech classes for Public Companies in Directors & Officers						
Liability						
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is being made for a slight						
revision in our rates and includes a clean-up of our rule pages.						
	·					
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.						
RSUI Indemnity Company						
	Name of Company					
Name of Company						
	Ron Hardeman-VP, Regulat	ory Compliance				
H29219D	Official - T	itle				

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2010 (3) (2) (1)**Annual Premium Percent** Change (+ or -)** Volume (Illinois)* Coverage **Automobile Liability Private Passenger Commercial** 2. Automobile Physical Damage **Private Passenger Commercial** -3.9% 3. Liability Other Than Auto 253,272 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety **Boiler and Machinery** 8. 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Implementing Insurance Services Office GL-2009-BGL1 (State Loss Costs). *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Transportation Insurance Company Name of Company

Robert Anderson, Actuarial Consulting Director

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2010 (3) (1) (2) **Annual Premium Percent** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private **Passenger Commercial** Automobile Physical Damage Private Passenger Commercial -5.8% 3. Liability Other Than Auto 2,592,504 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Implementing Insurance Services Office GL-2009-BGL1 (State Loss Costs). *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Valley Forge Insurance Company Name of Company Robert Anderson, Actuarial Consulting Director

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate level produced by rate revision effective			9/1/2010	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume(Illinois)</u> *		(3) Percent Change (+ or -)	
Automobile Liability Private Passenger Commercial		_		
2. Automobile Physical Damage				
Private Passenger Commercial 3. Liability Other Than Auto	\$288,887		9.0%	
Burglary and Theft	Ψ200,007		0.070	
5. Glass			·····	
6. Fidelity				
7. surety				
8. Boiler and Machinery				
9. Fire		CEIV	=D	
10. Extended Coverage		CEIA		
11. Inland Marine		_		
12. Homeowners				
13. Commercial Multi-Peril		JAN 2 5 2010		
14. Crop Hail 15. Other				
Line of Insurance Does filing only apply to certain territory (te	S	TATE OF ILLING	URANCE	
Does filing only apply to certain territory (te	rritories) or certain classes	? If so, specify:	No	
Brief description of filing . (If filing follows ra Increase in Base Rates by 9.0% for the Pro	ates of an advisory organiza	tion, specify orga		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whice	ch will result from application	n of new rates.		
		Westport Insura	ance Corporation	
			company	
			· -	

Patrick Cobb, Regulatory & Actuarial Services L Official-Title